

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MA		8/31/01
FORMALITY REVIEW	H T.	1117	9/5/01
RESPONSE FORMALITY REVIEW	Teguest	925	10-25-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	6-9-01
Original	18-1-03-03
1	
2	
3	
4	✓
5	✓
6	
7	✓
8	✓
9	
10	✓
11	N
12	N
13	N
14	N
15	✓
16	N
17	N
18	N
19	N
20	N
21	N
22	✓
23	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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